Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Title::

CASH DISPENSING AUTOMATED BANKING

MACHINE AND METHOD

Suggested Class/subclass::

235/379

Suggested Group Art Unit::

2876

Attorney Docket Number::

D-1217 R2

Request for Early Publication?:: No

Request for Non-Publication?::

No

Suggested Drawing Figure:: **Total Drawing Sheets:**

18

15

Small Entity::

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Н.

Middle Name::

Thomas

Family Name::

Graef

Name Suffix::

City of Residence::

Bolivar

State or Prov. Of Residence::

ОН

Country of Residence::

US

Street of mailing address::

P.O. Box 287

City of mailing address::

Bolivar

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

44612

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: C.

Family Name:: Kontor

Name Suffix::

City of Residence:: Chesterland

State or Prov. Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 9170 Cedar Road

City of mailing address:: Chesterland

State or Province of mailing address:: OH

Country of mailing address:: US

Postal or Zip Code of mailing address:: 44026

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Michael

Middle Name::

J.

Family Name::

Harty

Name Suffix::

City of Residence::

North Canton

State or Prov. Of Residence::

OH

Country of Residence::

US

Street of mailing address::

6265 Walnut Ridge Circle N.W.

City of mailing address::

North Canton

State or Province of mailing address::

 OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

44720

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Brian

Middle Name::

M.

Family Name::

Jones

Name Suffix::

City of Residence::

Navarre

State or Prov. Of Residence::

ОН

Country of Residence::

US

Street of mailing address::

5870 Richville Drive, S.W.

City of mailing address::

Navarre

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

44662

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number::	28995

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing Date::
		Application::	
This Application	Claims benefit under 35	60/453,146	03/10/2003
	U.S.C. § 119(e)		

Assignee Information

Assignee Name::

Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address::

North Canton

State or Province of mailing address::

ОН

03/09/04